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## WITHHOLDING RESUSCITATIVE MEASURES EMERGENCY PROTOCOL

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### PURPOSE

To establish criteria for withholding resuscitative measures from person(s) who do not otherwise meet the “Determination of Death” criteria in the pre-hospital setting and/or during inter-facility transport

### AUTHORITY

Division 2.5, Sections 1797.220 and 1798 of the California Health and Safety Code

### POLICY

The DNR only applies to cardiopulmonary resuscitative measures. An order not to resuscitate is not an order to withhold other necessary medical treatment or nutrition. The treatment given to a patient with a DNR agreement should in all respects be the same as that provided to a patient without such an agreement.

### DEFINITIONS

**Do Not Resuscitate (DNR):** A written order by a physician or the presence of a DNR medallion/bracelet or necklace indicating that an agreement has been reached between the physician and patient/or surrogate that in the event of cardiac or respiratory arrest the following medical interventions will **NOT** be initiated:

- Chest compressions,
- Defibrillation,
- Endotracheal intubation,
- Assisted ventilation or
- Cardiotonic drugs, e.g., epinephrine, atropine,
- Or other medications intended to treat a non-perfusing rhythm

**Absent vital signs:** Absence of respiration and absence of carotid pulse

**DNR medallion/bracelet/necklace:** A medallion/bracelet/necklace worn by a patient, which has been approved for distribution by the California Emergency Medical Services Authority (EMSA).

**Pre-hospital DNR form:** Form developed by the California Medical Association (CMA) for use statewide for pre-hospital DNR requests. This form has been approved by EMSA, and ICEMA. This form should be available to pre-hospital personnel in the form of the white original DNR form or as a photocopy. The original or copy of the DNR form will be taken with the patient during transport. **The DNR form shall not be accepted if amended or altered in any way.**

**Pre-hospital Personnel:** Any EMS field responder currently certified and/or accredited in San Bernardino, Inyo or Mono Counties

**Physician Orders for Life-Sustaining Treatment (POLST):** A physician’s order that outlines a plan of care reflecting the patient’s wishes concerning care at life’s end. The POLST form is voluntary and is intended to assist the patient and their family with planning and developing a plan to reflect the patient’s end of life wishes. It is also intended to assist physicians, nurses, health care facilities and emergency personnel in honoring a person’s wishes for life-sustaining treatment.

## VALIDATION CRITERIA

1. **Statewide Pre-hospital DNR Form** (Appendix A) should include the following to be considered valid.
  - a. Patient's name
  - b. Signature of the patient or a legal representative if the patient is unable to make or communicate informed health care decisions
  - c. Signature of patients' physician, affirming that the patient/legal representative has given informed consent to the DNR instruction
  - d. All signatures are to be dated.
  - e. Correct identification of the patient is crucial. If the patient is unable to be identified after a good faith attempt to identify the patient, a reliable witness may be used to identify the patient.
2. **DNR medallion/bracelet/necklace:** The DNR medallion/bracelet/necklace is made of metal with a permanently imprinted medical insignia. For the medallion or bracelet/necklace to be valid the following applies:
  - a. Patient must be physically wearing the DNR medallion/bracelet/necklace
  - b. Medallion/bracelet/necklace must be engraved with the words "Do Not Resuscitate EMS", along with a toll free emergency information telephone number and a patient identification number
3. **Physician DNR orders:** In licensed health care facilities a DNR order written by a physician shall be honored. The staff must have the patient's chart with the DNR order immediately available for EMS personnel upon their arrival.
4. **POLST:** The POLST form must be signed and dated by a physician. **Without this signature, the form is invalid.** Verbal or telephone orders are valid if allowed by the institution or facility. There should be a box checked indicating who the physician discussed the POLST orders with. By signing the form, the physician acknowledges that these orders reflect the wishes of the patient or designated decision maker.

## PROCEDURE

1. EMS personnel shall validate the DNR request or POLST form.
2. BLS personnel shall continue resuscitative measures if a DNR or POLST cannot be validated.
3. ALS personnel shall contact a Base Hospital for direction if a DNR or POLST cannot be validated. While ALS personnel are contacting the Base Hospital for direction, BLS treatment must be initiated. If contact cannot be made, resuscitative efforts shall continue.
4. If a patient states he/she wishes resuscitative measures, the request shall be honored.
5. If a family member requests resuscitative measures despite a valid DNR or POLST, continue resuscitative measures until Base Hospital contact is made.
6. If patient is not in cardiac arrest and has a valid POLST form, EMS may provide comfort measures as described in section B of the form.
7. The patient shall be transported to the hospital if comfort measures are started by EMS.
8. Any questions about transporting the patient will be directed to the base station.
- ~~6,9.~~ If a patient expires at home law enforcement must be notified.
- ~~7,10.~~ If a patient expires in a licensed health care facility, the facility has the responsibility to make the appropriate notification.
- ~~8,11.~~ All circumstances surrounding the incident shall be documented on the patient care record. If pre-hospital personnel are unable to copy the DNR or POLST form the following shall be documented on the patient care record:
  - a. Presence of DNR or POLST form
  - b. Date of order
  - c. Name of physician who signed form

12. A ~~DNR report form with a~~ copy of the patient care report **and DNR or POLST attached** must be forwarded to ICEMA within one week by either the PLN at the receiving facility if it is a Base Hospital or by the EMT-P's Agency EMS/QI Coordinator.

### SUPPORTIVE MEASURES

1. Medical interventions that may provide for the comfort, safety and dignity of the patient should be utilized.
2. The patient should receive palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.
3. Allow any family members/significant others to express their concerns and begin their grieving process.

### APPROVED:

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ICEMA Medical Director                      Date

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ICEMA Executive Director                      Date